

Patricia Booker
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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <u>10/048024</u>	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			
	IND.	DEP.	IND.	DEP.	IND.	DEP.		
1	/		/		/		51	
2		/		/		/	52	
3		/		/		/	53	
4		/		/		/	54	
5		/		/		/	55	
6		/		/		/	56	
7		/		/		/	57	
8		/		/		/	58	
9		/		/		/	59	
10		/		/		/	60	
11	/		/		/		61	
12		/		/		/	62	
13		/		/		/	63	
14		/		/		/	64	
15		/		/		/	65	
16		/		/		/	66	
17		/		/		/	67	
18		/		/		/	68	
19		/		/		/	69	
20		/		/		/	70	
21		/		/		/	71	
22		/		/		/	72	
23		/		/		/	73	
24		/		/		/	74	
25		/		/		/	75	
26		/		/		/	76	
27		/		/		/	77	
28		/		/		/	78	
29		/		/		/	79	
30		/		/		/	80	
31		/		/		/	81	
32		/		/		/	82	
33		/		/		/	83	
34		/		/		/	84	
35		/		/		/	85	
36		/		/		/	86	
37		/		/		/	87	
38		/		/		/	88	
39		/		/		/	89	
40		/		/		/	90	
41		/		/		/	91	
42		/		/		/	92	
43		/		/		/	93	
44		/		/		/	94	
45		/		/		/	95	
46		/		/		/	96	
47		/		/		/	97	
48		/		/		/	98	
49		/		/		/	99	
50		/		/		/	100	
TOTAL IND.	2				2		TOTAL IND.	
TOTAL DEP.	26				18		TOTAL DEP.	
TOTAL CLAIMS	28				20		TOTAL CLAIMS	